## 15051073722

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

2013 JUN -4 AM 8: 08

			Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
F,R,I,E,ND,S,,O,F,	<sub>,</sub> в,о,в, <b>,</b> о, <b>н, ч, s, с</b>	? N	
<u> </u>			
ADDRESS (number and street)  (Check if address is changed)	1,1,5, M <sub>1</sub> C <sub>1</sub> l <sub>1</sub> n <sub>1</sub> t	osihi Dir.; ; ;	
	LISII, e, of Ho CITY▲	ope	GA 3.1.4.0.6 - 1.1.1 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed) BO,B,J,O,H,N,S,O,N,C,A,M,P,A,I,G,N@,G,M,A,I,L,,C,O,M,			
	Optional Second E-Mail Ad	ldress	1
COMMITTEE'S WEB PAGE ADI  (Check if address is changed)		ınısı oınıfıoırıco in	igirieisis.icioimi i i i i i i
2. DATE 0,5 3,	0 2 0 1 3		
3. FEC IDENTIFICATION NUMBER ▶ C to be assigned			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r EDWARD L. SHA	POFF	
Signature of Treasurer	Edward	L Shapelf	Date 65 30 2013
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530	